FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT 1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000031402 (7)

1. Corporation Name

NURIBE CORP.

Principal Place of Business

8100 GENEVA COURT C-232
MIAMI FL 33166

Mailing Address

8100 GENEVA COURT C-232
MIAMI FL 33166

3. Date Incorporated or Qualified: 04/18/1995
3a. Date of Last Report: FIRST

2. Principal Place of Business
21 7270 NW 12TH ST
Suite, Apt. #, etc.
22 200
City & State
23 MIAMI FL
Zip
24 33126
Country
25 USA

2a. Mailing Address
26 7270 N.W. 12TH ST
Suite, Apt. #, etc.
27 200
City & State
28 MIAMI
Zip
29 33126
Country
30 USA

4. FEI Number: 65-0572441 — [ ] Applied For [ ] Not Applicable

5. Certificate of Status Desired [ ] — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [ ] — $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes [ ] Yes [X] No

9. Name and Address of Current Registered Agent

REGNIER, EDWARD
4271 LAGO WAY
SARASOTA FL 34241

10. Name and Address of New Registered Agent

81 Name: ANGEL NUNEZ
82 Street Address (P.O. Box Number is Not Acceptable): 7270 N.W. 12TH STREET, SUITE 200
83
84 City: MIAMI FL
85 Zip Code: 33126

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE [signature]
Signature, typed or printed name of registered agent and title if applicable — (NOTE: Registered Agent signature required when reinstating) — DATE

12. OFFICERS AND DIRECTORS

TITLE	PRESIDENT	[ ] DELETE
NAME	ANGEL NUNEZ, ESQ	
STREET ADDRESS	11996 GLENMORE DR, SUITE 200	
CITY-ST-ZIP	CORAL SPRING, FL 33071	
TITLE	SECRETARY	[ ] DELETE
NAME	MAYRA V. NUNEZ	
STREET ADDRESS	11996 GLENMORE DR, SUITE 200	
CITY-ST-ZIP	CORAL SPRING, FL 33071	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		[ ] Change [ ] Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		[ ] Change [ ] Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		[ ] Change [ ] Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		[ ] Change [ ] Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		[ ] Change [ ] Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		[ ] Change [ ] Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(n), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] ANGEL NUNEZ — 4/23/96 — 592-9666
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #